

## PART B - FEE(S) TRANSMITTAL

Complete and send this form; together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

008791 7590 11/08/2004

BLAKELY SOKOLOFF TAYLOR & ZAFMAN  
 12400 WILSHIRE BOULEVARD  
 SEVENTH FLOOR  
 LOS ANGELES, CA 90025-1030

02/11/2005 MBERHE1 00000092 10033327

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 30.00 OP

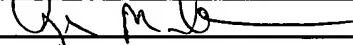
Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

Whereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Angela M. Quinn

(Depositor's name)



(Signature)

February 8, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/033,327	11/02/2001	Ulrich Martin Graf	005513.P003	9666

TITLE OF INVENTION: RADIOTHERAPY APPARATUS EQUIPPED WITH AN ARTICULABLE GANTRY FOR POSITIONING AN IMAGING UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, ALLEN C	2882	378-065000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

VARIAN MEDICAL SYSTEMS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PALO ALTO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies ten (10)

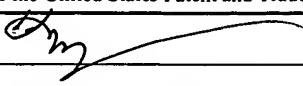
4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date

2/8/05

Typed or printed name Michael J. Mallie

Registration No.

36,591

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

005513.P003



Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Ulrich Martin Graf

Serial No.: 10/033,327

Filed: November 2, 1001

For: RADIO THERAPY APPARATUS  
EQUIPPED WITH AN ARTICULABLE)  
GANTRY FOR POSITIONING AN  
IMAGING UNIT

)  
) Art Unit: 2882  
)

)  
) Examiner: Allen C. Ho  
)

)  
) I hereby certify that this correspondence is being deposited  
) with the United States Postal Service as first class mail with  
) sufficient postage in an envelope addressed to the Commissioner  
) for Patents, PO Box 1450, Alexandria, Virginia 22313-1450

) on: February 8, 2005  
) Date of Deposit  
) Angela M. Quinn  
) Name of Person Mailing Correspondence  
) Signature Date 2-8-05

PAYMENT OF ISSUE FEE

MS ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450


Dear Sir:

In response to the Notice of Allowance mailed November 8, 2004, enclosed herewith is a check in the amount of \$1,430.00 for payment of the issue fee (soft copies requested) and publication fee and a check in the amount of \$300.00 for the publication fee.

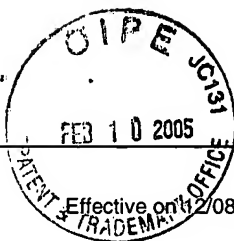
Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: 2/4/05

  
\_\_\_\_\_  
Michael J. Mallie  
Reg. No. 36,591

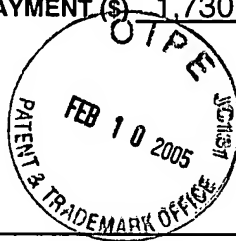
12400 Wilshire Boulevard  
Seventh Floor  
Los Angeles, CA 90025-1026  
(408) 720-8598

**FEE TRANSMITTAL FOR FY 2005**

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**TOTAL AMOUNT OF PAYMENT (\$)** 1,730.00**Complete if Known:**

**Application No.** 10/033,327  
**Filing Date** November 2, 2001  
**First Named Inventor** Ulrich Martin Graf  
**Examiner Name** Allen C. Ho  
**Art Unit** 2882  
**Attorney Docket No.** 005513.P003



\_\_\_\_ Applicant claims small entity status. See 37 CFR 1.27.

**METHOD OF PAYMENT** (check all that apply)

☒ **XX** Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify)

☒ **XX** Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: \_\_\_\_\_

☒ **X** The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

☒ **X** Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Charge fee(s) indicated below except for the filing fee

☒ **X** Credit any overpayments.

☒ **X** Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>		<u>Fees Paid (\$)</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>			
1011	300	2011	150	Utility application filing fee	} 1,000/500	_____
1111	500	2111	250	Utility search fee		_____
1311	200	2311	100	Utility examination fee		_____
1012	200	2012	100	Design application filing fee	} 430/215	_____
1112	100	2112	50	Design search fee		_____
1312	130	2312	65	Design examination fee		_____
1013	200	2013	100	Plant filing fee	} 660/330	_____
1113	300	2113	150	Plant search fee		_____
1313	160	2313	80	Plant examination fee		_____
1004	300	2004	150	Reissue filing fee	} 1,400/700	_____
1114	500	2114	250	Reissue search fee		_____
1314	600	2314	300	Reissue examination fee		_____
1005	200	2005	100	Provisional application filing fee		_____
<b>SUBTOTAL (1) \$</b> _____						

**2. EXCESS CLAIM FEES**

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fees Paid (\$)</u>
<b>Total Claims</b> _____ <b>- 20 or HP =</b> _____		X _____	= _____
HP = highest number of total claims paid for, if greater than 20			
<b>Independent Claims</b> _____ <b>- 3 or HP =</b> _____		X _____	= _____
HP = highest number of independent claims paid for, if greater than 3			
<b>Multiple Dependent Claims</b>		_____	= _____

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
Code	Fee (\$)	Code	Fee (\$)	
1202	50	2202	25	Each claim over 20
1201	200	2201	100	Each independent claim over 3
1203	360	2203	180	Multiple dependent claims, if not paid
1204	200	2204	100	Reissue: each claim over 20 and more than in the original patent
1205	50	2205	25	Reissue: each independent claim more than in the original patent

SUBTOTAL (2) \$ \_\_\_\_\_

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to whole number)	X _____	_____

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec &amp; drawings except sequences &amp; program listings):</u>
Code	Fee (\$)	Code	Fee (\$)	
1081	250	2081	125	Utility
1082	250	2082	125	Design
1083	250	2083	125	Plant
1084	250	2084	125	Reissue

SUBTOTAL (3) \$ \_\_\_\_\_

**FEE CALCULATION (continued)****4. OTHER FEE(S)**

					<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)					
<b>Large Entity</b>		<b>Small Entity</b>			
<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Description</b>	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	1,400.00
1502	800	2502	400	Design issue fee	
1503	1100	2503	550	Plant issue fee	
1462	400	1462	400	Petitions to the Commissioner (CFR 1.17(f) Group I)	
1463	200	1463	200	Petitions to the Commissioner (CFR 1.17(g) Group II)	
1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(h) Group III)	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	130	2814	65	Statutory Disclaimer	
1810	790	2810	395	For each additional invention to be examined (see 37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	300.00
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,370	1454	1,370	Acceptance of unintentionally delayed claim for priority	
Other fee (specify) <u>Fee for 10 copies of Issued Patent</u>					30.00
Other fee (specify) _____					
<b>SUBTOTAL (4)</b>					<b>\$ 1,730.00</b>

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**Typed or Printed Name: Michael J. MallieSignature: Date: 2/8/05Reg. Number: 36,591Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450